Payment to Agency Report   A Public Document

California Form 801

For Official Use Only

1. Agency Name

California Air Resources Board

Division, Department, or Region (if applicable)

Executive Office - Legal Office

Street Address

1001 I Street, Sacramento, CA 95814

Area Code/Phone Number	**Email**
(916) 445-5507	claudia.nagy@arb.ca.gov

Agency Contact (name and title)

Claudia Nagy, Senior Attorney

Date Stamp

☐ **Amendment** (explain in comment section)

Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

☐ Individual _____
Last Name   First Name

☑ Other   University of Michigan Energy Institute
Name

2301 Bonisteel Blvd, 3015 Phoenix Memorial Lab   Ann Arbor   MI   48109
Address   City   State   Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

_____ $_____   _____ $_____
Name   Amount   Name   Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment   Ann Arbor, Michigan   10/27/2016 -10/28/2016
Location of Travel   Dates (month, day, year)

Delta Air Lines   ☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other   Residence Inn Ann Arbor
Transportation Provider   Check Applicable Boxes   Name of Lodging Facility

$ 354.09 $ 36.81 $ 538.44 $ _____ $ 929.34
Lodging Expenses   Meal Expenses   Transportation Expenses   Other Expenses   Total Expenses

3.1 (b) Payment(s) not related to travel: _____ $ _____
Dates (month, day, year)   Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

$354.09/night x 1 nights (Ann Arbor); (UM covered all hotel expenses); $465.91 for the airfare and ground transportation (covered by UM); $36.81 in meal expenses (covered by UM)

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Emily	Wimberger	Chief Economist	Air Resources Board
Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

_____   Richard Corey   Executive Officer   4/06/2017
Signature   Print Name   Title   (month, day, year)

Comment:
(Use this space or an attachment for any additional information)

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